

## UNDERGROUND DISCHARGE SYSTEM (CLASS V) INVENTORY SHEET

(see instructions on back)

1. Name of facility: \_\_\_\_\_

Address of facility: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name of Owner or Operator: \_\_\_\_\_

Address of Owner or Operator: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Type & number of system(s): \_\_\_\_\_ Drywell(s) \_\_\_\_\_ Septic System(s) \_\_\_\_\_ Other(describe): \_\_\_\_\_

Attach a schematic of the system. Attach a map or sketch of the location of the system at the facility.

4. Source of discharge into system: \_\_\_\_\_

5. Fluids discharged: \_\_\_\_\_

6. Treatment before discharge: \_\_\_\_\_

7. Status of underground discharge system: ☐ Existing ☐ Unused/Abandoned ☐ Under Construction ☐ Proposed

Approved/Permitted by: \_\_\_\_\_ Date constructed: \_\_\_\_\_

### CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR 144.32).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Official Title: \_\_\_\_\_